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NO. 924 P. 4

**DUPLICATE COPY FOR FEE PROCESSING**

PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0082  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		760.00	
Application Number		10/006,290			
Filing Date		October 22, 2001			
First Named Inventor		Jay WOHLGEMUTH			
Examiner Name		B. L. Siason			
Art Unit		1634			
Attorney Docket No.		506612000100			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)** 0.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)** 0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>        </u>	<u>        </u>	<u>        </u>	0	0

**4. OTHER FEE(S)**

Description	Fee (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2253 Notice of Appeal</u>	\$250.00
<u>2401 Extension of Time</u>	\$510.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	Telephone
<u>Michael R. Ward</u>	38,651	(415) 268-6237

Name (Print/Type): Michael R. Ward Date: July 5, 2007

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Dated: July 5, 2007 Signature: [Signature] (LILIA OLSEN)

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SAN FRANCISCO  
CALIFORNIA 94105-2482

TELEPHONE: 415.268.7000

FACSIMILE: 415.268.7522

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
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FROM: Michael R. Ward  
Reg. No. 38,651

DATE: July 5, 2007

Number of pages with cover page:	6	Preparer of this slip has confirmed that facsimile number given is correct: MRW1/8693/lxo3
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Comments:

**ATTORNEY DOCKET NO.: 506612000100**Re: U.S. Patent Application Serial No. 10/006,290 filed 10/22/2001  
For: LEUKOCYTE EXPRESSION PROFILING  
By: Jay WOHLGEMUTH et al.  
EXAMINER: B. L. SISSON ART UNIT: 1634**DOCUMENTS ATTACHED: IDS**

- 1) Transmittal (1 page)
- 2) Fee Transmittal IN DUPL (2 pages)
- 3) Extension of Time (3 months) (1 page)
- 4) Notice of Appeal (1 page)

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PTO/SB/21 (08-04)

Approved for use through 07/31/2008. OMB 0861-0031

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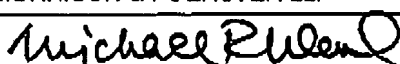
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/006,290	
	Filing Date	October 22, 2001	
	First Named Inventor	Jay WOHLGEMUTH, M.D.	
	Art Unit	1634	
	Examiner Name	B. L. Sisson	
Total Number of Pages in This Submission	5	Attorney Docket Number	506612000100

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Trans Form IN DUPL - 2 pgs  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply -  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request- 1 pg (3 months)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Fax Cover Sheet - 1 pg</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP	(Customer No. 20872)
Signature		
Printed name	Michael R. Ward	
Date	July 5, 2007	Reg. No. 38,651

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